

2019-nCoV CRF Data Dictionary
CRf used: 03_2019-nCoV_Case Report Form 2020 0205_827pm
Last updated 2020 0206_240pm

CRF Question	Variable Name	Values, Labels	Type
Human Infection with 2019 Novel Coronavirus Case Report Form			
State	Case_State		Character
State/local health department	Case_HealthDept		Character
Contact ID	Case_Contact_ID		Character
Case state/local ID	Case_Local_ID		Character
CDC 2019-nCoV ID	CDC_nCoV2019_ID		Character
NNDSS loc. Rec. ID/ Case ID	Case_NNDSS_ID		Character
State/Local Specimen ID - 1	Case_lab_local_ID1		Character
State/Local Specimen ID - 2	Case_lab_local_ID2		Character
State/Local Specimen ID - 3	Case_lab_local_ID3		Character
State/Local Specimen ID - 4	Case_lab_local_ID4		Character
State/Local Specimen ID - 5	Case_lab_local_ID5		Character
Interviewer Information			
Last name of interviewer	Case_Interviewer_LN		Character
First name of interviewer	Case_Interviewer_FN		Character
Affiliation/ Organization	Case_Interviewer_org		Character
Telephone number	Case_Interviewer_Tele		Character
Email	Case_Interviewer_email		Character
Date of interview	Case_Interviewer_dt		Date (mm/dd/yyyy)
Date of medical chart abstraction	Case_MedChart_dt		Date (mm/dd/yyyy)
Basic Case Information			
Report date to CDC	Case_CDCReport_dt		Date (mm/dd/yyyy)
Is this a 2019 nCoV laboratory-confirmed case?	Case_LabConf_yn	1, Yes 0, No (if no, do not complete this form)	Number
Race (Check all that apply)			
White	Case_Race_white	1, Yes	Number
Asian	Case_Race_asian	1, Yes	Number
American Indian/ Alaskan-Native	Case_Race_aian	1, Yes	Number
Black	Case_Race_black	1, Yes	Number
Native Hawaiian/ Other Pacific Islander	Case_Race_nhpi	1, Yes	Number
Unknown	Case_Race_unk	1, Yes	Number
Other	Case_Race_other	1, Yes	Number
Other specified race	Case_Race_spec		Character
Date of first positive specimen collection	Case_Pos_Spec_dt		Date (mm/dd/yyyy)
Check if date unknown	Case_Pos_Spec_unk	1, Yes 1, Hispanic/Latino 0, Non-Hispanic/Latino	Number
Ethnicity	Case_Ethnicity	9, Not specified	Number
Date of birth	Case_DOB		Date (mm/dd/yyyy)
Age	Case_age		Number
Age units (yr/mo/days):	Case_ageunit	1, Years 2, Months 3, Days 1, Male 2, Female 3, Other	Number
Sex	Case_Sex	9, Unknown 1, Symptomatic 0, Asymptomatic	Number
Symptom status (ever):	Case_SympStatus	9, Unknown	Number
If symptomatic, onset date - exact	Case_Onset_dt		Date (mm/dd/yyyy)
If symptomatic, onset date - approximate	Case_Onset_approx_dt		Character
If symptomatic, onset date - unknown	Case_Onset_unk	1, Yes	Number
If symptomatic, date of symptom resolution - exact	Case_Symp_res_dt		Date (mm/dd/yyyy)
If symptomatic, date of symptom resolution - approximate	Case_Symp_res_approx_dt		Character
If symptomatic, state of resolution	Case_Symp_res_yn	1, Still symptomatic 0, Symptoms resolved, unknown date 9, Unknown symptom status	Number
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):			
Travel to Wuhan	Case_Exp_Wuhan	1, Yes	Number
Travel to Hubei	Case_Exp_Hubei	1, Yes	Number
Travel to mainland China	Case_Exp_China	1, Yes	Number
Travel to other non-US country	Case_Exp_OthCountry	1, Yes	Number
Household contact with another lab-confirmed 2019-nCoV case-patient	Case_Exp_House	1, Yes	Number
Community contact with another lab-confirmed 2019-nCoV case-patient	Case_Exp_Community	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient	Case_Exp_Health	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient -- patient	Case_Exp_Health_Pt	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient -- visitor	Case_Exp_Health_Vis	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient -- healthcare worker	Case_Exp_Health_HCW	1, Yes	Number
Animal exposure	Case_Exp_Animal	1, Yes	Number
Other	Case_Exp_Other	1, Yes	Number
If other, specify	Case_Exp_Other_Spec	1, Yes	Character
Unknown	Case_Exp_Unk	1, Yes 1, Yes 0, No 9, Unknown	Number
Was the patient hospitalized?	Case_Hosp_yn		Number
Admission date 1	Case_adm1_dt		Date (mm/dd/yyyy)
Discharge date 1	Case_dis1_dt		Date (mm/dd/yyyy)
Was the patient admitted to an intensive care unit (ICU)?	Case_icu_yn	1, Yes 0, No 9, Unknown	Number
Did the patient receive mechanical ventilation (MV)/intubation?	Case_mechvent_yn	1, Yes 0, No 9, Unknown	Number
If yes, total days with mechanical ventilation	Case_mechvent_dur		Number
Did the patient die as a result of this illness?	Case_death_yn	9, Unknown	Number
Date of Death	Case_death_dt		Date (mm/dd/yyyy)
Date of Death Unknown	Case_death_unk	1, Yes	Number
Patient Interview			
Who is providing information for this form?	Case_Respond	1, Case-patient 8, Other	Number
Relationship to case	Case_Respond_rel		Character
Case-patient's primary language	Case_Respond_lang		Character
Was this form administered via a translator?	Case_Respond_trans	1, Yes 0, No 9, Unknown	Number
Patient interview - Case-patient demographic information			
Was this case a known patient under investigation (PUI) prior to lab confirmation?	Case_PUI_yn	1, Yes 0, No 9, Unknown	Number
Under what process was the case first identified (select all that apply)?			
PUI	Case_process_pui	1, Yes	Number
Contact tracing of case-patient	Case_process_cont	1, Yes	Number
Routine surveillance	Case_process_surv	1, Yes	Number
EpiX notification of travelers	Case_process_EpiX	1, Yes	Number
If checked, DGMQID	Case_process_DGMQID		Character

CRF Question	Variable Name	Values, Labels	Type
Unknown	Case_process_unk	1, Yes	Number
Other	Case_process_other	1, Yes	Number
If other, specify	Case_process_other_spec		Character
County of residence	Case_Res_County		Character
State of residence	Case_Res_state	1, Hospitalized for clinical purposes 2, Hospitalized for isolation 3, Home isolation	Character
Current Status	Case_currstatus		Number
Occupation	Case_Occupation		Character
If student, what grade level?	Case_school_grade	1, Yes 0, No	Character
If child, does s/he attend day care?	Case_daycare_yn	9, Unknown	Number
Patient Interview - Symptoms, clinical course, past medical history and social history			
During this illness did you experience any of the following symptoms?			
		1, Yes 0, No	
Fever >100.4F (38C)	Case_fever_yn	9, Unknown	Number
Highest temperature (F)	Case_fever_temp		Number
Date of onset	Case_fever_dt		Date (mm/dd/yyyy)
Duration of fever >100.4F (38C) (days)	Case_fever_dur		Number
		1, Yes 0, No	
Subjective fever (felt feverish)	Case_sfever_yn	9, Unknown	Number
		1, Yes 0, No	
Chills	Case_chills_yn	9, Unknown	Number
		1, Yes 0, No	
Dehydration	Case_dehyd_yn	9, Unknown	Number
		1, Yes 0, No	
Fatigue	Case_fatigue_yn	9, Unknown	Number
		1, Yes 0, No	
Muscle aches (myalgia)	Case_myalgia_yn	9, Unknown	Number
		1, Yes 0, No	
Rash	Case_rash_yn	9, Unknown	Number
		1, Yes 0, No	
Headache	Case_headache_yn	9, Unknown	Number
		1, Yes 0, No	
Eye redness (conjunctivitis)	Case_conjunct_yn	9, Unknown	Number
		1, Yes 0, No	
Runny nose (rhinorrhea)	Case_runnose_yn	9, Unknown	Number
		1, Yes 0, No	
Sore throat	Case_sthroat_yn	9, Unknown	Number
		1, Yes 0, No	
Cough (new onset or worsening of chronic cough)	Case_cough_yn	9, Unknown	Number
		1, Yes 0, No	
Dry cough	Case_dcough_yn	9, Unknown	Number
		1, Yes 0, No	
Productive cough	Case_pcough_yn	9, Unknown	Number
		1, Yes 0, No	
Bloody sputum (hymoptysis)	Case_hemoptys_yn	9, Unknown	Number
		1, Yes 0, No	
Shortness of breath (dyspnea)	Case_sob_yn	9, Unknown	Number
		1, Yes 0, No	
Wheezing	Case_wheeze_yn	9, Unknown	Number
		1, Yes 0, No	
Apnea/ abnormally long pauses of breathing	Case_apnea_yn	9, Unknown	Number
		1, Yes 0, No	
Chest pain	Case_chest_yn	9, Unknown	Number
		1, Yes 0, No	
Abdominal pain	Case_abdom_yn	9, Unknown	Number
		1, Yes 0, No	
Vomiting	Case_vomit_yn	9, Unknown	Number
		1, Yes 0, No	
Nausea	Case_nausea_yn	9, Unknown	Number
		1, Yes 0, No	
Diarrhea (≥3 loose/looser than normal stools/24hr period)	Case_diarrhea_yn	9, Unknown	Number
		1, Yes 0, No	
Poor feeding/Poor appetite	Case_poorfeed_yn	9, Unknown	Number
		1, Yes 0, No	
Seizures	Case_seizure_yn	9, Unknown	Number
Other symptoms - 1	Case_othsym1_yn	1, Yes	Number
Other symptoms - 1, specify:	Case_othsym1_spec		Character
Other symptoms - 2	Case_othsym2_yn	1, Yes	Number
Other symptoms - 2, specify:	Case_othsym2_spec		Character
Other symptoms - 3	Case_othsym3_yn	1, Yes	Number
Other symptoms - 3, specify:	Case_othsym3_spec		Character
		1, Yes 0, No	
Did you miss work or school for this illness?	Case_misswork	9, Unknown	Number
If yes, how many days?	Case_misswork_dur		Number
		1, Yes 0, No	
Do you feel back to normal?	Case_Normal	5, Not applicable (patient deceased)	Number
If yes, on what day - exact	Case_Normal_dt	9, Unknown	Date (mm/dd/yyyy)
If yes, on what day - approximate	Case_Normal_approx_dt		Character
		1, Yes 0, No	
Did you receive any medical care for the illness?	Case_Medcare	9, Unknown	Number
Where and on which date did you seek care after this illness started? (Check all that apply)			
Doctor's office	Case_dr	1, Yes	Number
Date of first doctor's office visit	Case_dr_dt1		Date (mm/dd/yyyy)
Date of second doctor's office visit	Case_dr_dt2		Date (mm/dd/yyyy)
Emergency room	Case_er	1, Yes	Number
Date of first emergency room visit	Case_er_dt1		Date (mm/dd/yyyy)
Date of second emergency room visit	Case_er_dt2		Date (mm/dd/yyyy)
Retail store/ pharmacy	Case_pharm	1, Yes	Number
Date of first retail store/ pharmacy visit	Case_pharm_dt1		Date (mm/dd/yyyy)

CRF Question	Variable Name	Values, Labels	Type
Date of second retail store/ pharmacy visit	Case_pharm_dt2		Date (mm/dd/yyyy)
Health department	Case_hdept	1, Yes	Number
Date of first health department visit	Case_hdept_dt1		Date (mm/dd/yyyy)
Date of second health department visit	Case_hdept_dt2		Date (mm/dd/yyyy)
Urgent care	Case_urgent	1, Yes	Number
Date of first urgent care visit	Case_urgent_dt1		Date (mm/dd/yyyy)
Date of second urgent care visit	Case_urgent_dt2		Date (mm/dd/yyyy)
Other place	Case_othcare	1, Yes	Number
If other, specify	Case_othcare_spec		Character
Date of first visit at other place	Case_othcare_dt1		Date (mm/dd/yyyy)
Date of second visit at other place	Case_othcare_dt2		Date (mm/dd/yyyy)
Unknown	Case_unk	1, Yes 1, Yes 0, No	Number
Were you hospitalized for the illness?	Case_hosp_QC_yn	9, Unknown 1, Clinical indication 2, No clinical indication (e.g., isolation for public health)	Number
If patient was hospitalized, purpose of hospitalization?	Case_hosp_purpose		Number
Patient interview - Past medical history			
		1, Yes 0, No	
Do you have any pre-existing medical conditions?	Case_MedCond_yn	9, Unknown	Number
Was the medical chart used to inform this section?	Case_MedChart_yn	1, Yes 0, No	Number
Chronic lung disease	Case_Cld_yn	1, Yes 9, Unknown 0, No	Number
Asthma/ reactive airway disease	Case_cld_asthma	9, Unknown 1, Yes 0, No	Number
Emphysema/ COPD	Case_cld_copd	9, Unknown 1, Yes 0, No	Number
Other chronic lung disease If yes, specify	Case_cld_other Case_cld_spec	9, Unknown	Number Character
Active tuberculosis	Case_tb_yn	1, Yes 0, No 9, Unknown	Number
Diabetes Mellitus	Case_diabetes_yn	1, Yes 0, No 9, Unknown	Number
Diabetes Mellitus Type 1	Case_diabetes_dm1	1, Yes 0, No 9, Unknown	Number
Diabetes Mellitus Type 2	Case_diabetes_dm2	1, Yes 0, No 9, Unknown	Number
Cardiovascular disease	Case_cvd_yn	1, Yes 0, No 9, Unknown	Number
Hypertension	Case_cvd_htn	1, Yes 0, No 9, Unknown	Number
Coronary artery disease	Case_cvd_cad	1, Yes 0, No 9, Unknown	Number
Heart failure/ Congestive heart failure	Case_cvd_chf	1, Yes 0, No 9, Unknown	Number
Cerebrovascular accident/ stroke	Case_cvd_stroke	1, Yes 0, No 9, Unknown	Number
Congenital heart disease	Case_cvd_cong	1, Yes 0, No 9, Unknown	Number
Other cardiovascular disease If yes, specify	Case_cvd_other Case_cvd_spec	9, Unknown	Number Character
Renal disease	Case_renaldis_yn	1, Yes 0, No 9, Unknown	Number
Chronic kidney disease/ insufficiency	Case_renaldis_ckd	1, Yes 0, No 9, Unknown	Number
End-stage renal disease	Case_renaldis_esrd	1, Yes 0, No 9, Unknown	Number
Dialysis	Case_renaldis_hd	1, Yes 0, No 9, Unknown	Number
Other renal disease If yes, specify	Case_renaldis_other Case_renaldis_spec	9, Unknown	Number Character
Liver disease	Case_liverdis_yn	1, Yes 0, No 9, Unknown	Number
Alcoholic hepatitis	Case_liverdis_alchep	1, Yes 0, No 9, Unknown	Number
Chronic liver disease	Case_liverdis_chron	1, Yes 0, No 9, Unknown	Number
Cirrrosis/ End stage liver disease	Case_liverdis_esld	1, Yes 0, No 9, Unknown	Number
Hepatitis B, chronic	Case_liverdis_hepb	1, Yes 0, No 9, Unknown	Number
Hepatitis C, chronic	Case_liverdis_hepc	1, Yes 0, No 9, Unknown	Number
Non-alcoholic fatty liver disease (NAFLD)/ NASH	Case_liverdis_nash	1, Yes 0, No 9, Unknown	Number
Other liver disease If yes, specify	Case_liverdis_other Case_liverdis_spec	9, Unknown	Number Character
Immunocompromised Condition	Case_immsupp_yn	1, Yes 0, No 9, Unknown	Number
AIDS or CD4 count <200	Case_AIDS_yn	1, Yes 0, No 9, Unknown	Number
HIV infection	Case_HIV_yn	9, Unknown	Number

Variable Name	Values, Labels	Type
Solid organ transplant	1, Yes	Number
	0, No	
	9, Unknown	
Stem cell transplant (e.g., bone marrow transplant)	1, Yes	Number
	0, No	
	9, Unknown	
Cancer: current/in treatment of diagnosed in last 12 months	1, Yes	Number
	0, No	
	9, Unknown	
Other immunosuppressive condition/therapy If yes, specify	1, Yes	Number
	0, No	
	9, Unknown	
Neuologic/ neurodevelopmental disorder If yes, specify	1, Yes	Number
	0, No	
	9, Unknown	
Other chronic diseases If yes, specify	1, Yes	Number
	0, No	
	9, Unknown	
Current height - inches	Case_otherdis_spec	Character
Current height - centimeters	Case_height_in	Number
Current weight - lbs	Case_height_cm	Number
Current weight - kg	Case_weight_lbs	Number
If female, are you currently pregnant? Weeks pregnant at onset	Case_weight_kg	Number
	1, Yes	Number
	0, No	
If female, are you postpartum (12 months postpartum or less)?	Case_pregnant_yn	
	Case_Pregnant_wks	
	9, Unknown	
If female, are you breastfeeding?	1, Yes	Number
	0, No	
	9, Unknown	
If child, is he/she being breastfed?	1, Yes	Number
	0, No	
	9, Unknown	
Patient interview - Social history		
Do you currently smoke cigarettes? If yes, how many packs of cigarettes per day? For how many years?	Case_breastfeed_chd_yn	Number
	1, Yes	
	0, No	
Have you <u>ever</u> smoked cigarettes? If yes, how many packs of cigarettes per day? For how many years? How long since you last smoked a cigarette? - months How long since you last smoked a cigarette? - years	Case_smoke_curr_yn	Number
	Case_smoke_curr_freq	
	Case_smoke_curr_years	
Do you currently use e-cigarettes/ vape-pens	1, Yes	Number
	0, No	
	9, Unknown	
In the past year, how often do you have a drink containing alcohol?	0, Never	Number
	1, Monthly or less	
	2, 2-4 times a month	
Patient interview - Travel history	3, 2-3 times per week	Number
	4, 4 or more times per week	
In the 14 days prior to illness onset, were you traveling away from your home (domestic and international)? <i>Where did you travel 14 days prior to illness onset (list ALL locations, including overnight transits and layovers)?</i>	Case_alcohol_amt	Number
	1, Yes	
	0, No (Skip to Q. 25)	
In the 14 days prior to illness onset, were you traveling away from your home (domestic and international)? <i>Where did you travel 14 days prior to illness onset (list ALL locations, including overnight transits and layovers)?</i>	Case_travel_yn	Number
	9, Unknown (skip to Q.25)	
Trip departure date - 1	Case_trip_dep_dt1	Date (mm/dd/yyyy)
Trip departure city, state/province/country - 1	Case_trip_dep_city1	Character
Trip arrival date - 1	Case_trip_arr_dt1	Date (mm/dd/yyyy)
Trip arrival city, state/province/country -1	Case_trip_arr_city1	Character
Other trip date information - 1	Case_trip_approx_dt1	Character
Trip departure date - 2	Case_trip_dep_dt2	Date (mm/dd/yyyy)
Trip departure city, state/province/country - 2	Case_trip_dep_city2	Character
Trip arrival date - 2	Case_trip_arr_dt2	Date (mm/dd/yyyy)
Trip arrival city, state/province/country -2	Case_trip_arr_city2	Character
Other trip date information - 2	Case_trip_approx_dt2	Character
Trip departure date - 3	Case_trip_dep_dt3	Date (mm/dd/yyyy)
Trip departure city, state/province/country - 3	Case_trip_dep_city3	Character
Trip arrival date - 3	Case_trip_arr_dt3	Date (mm/dd/yyyy)
Trip arrival city, state/province/country -3	Case_trip_arr_city3	Character
Other trip date information - 3	Case_trip_approx_dt3	Character
Trip departure date - 4	Case_trip_dep_dt4	Date (mm/dd/yyyy)
Trip departure city, state/province/country - 4	Case_trip_dep_city4	Character
Trip arrival date - 4	Case_trip_arr_dt4	Date (mm/dd/yyyy)
Trip arrival city, state/province/country -4	Case_trip_arr_city4	Character
Other trip date information - 4	Case_trip_approx_dt4	Character
Trip departure date - 5	Case_trip_dep_dt5	Date (mm/dd/yyyy)
Trip departure city, state/province/country - 5	Case_trip_dep_city5	Character
Trip arrival date - 5	Case_trip_arr_dt5	Date (mm/dd/yyyy)
Trip arrival city, state/province/country -5	Case_trip_arr_city5	Character
Other trip date information - 5	Case_trip_approx_dt5	Character
Patient interview - Exposure history		
In the 14 DAYS prior to illness, did you have close contact with another lab-confirmed 2019-nCoV case-patient? If yes, please fill out the “Household/Close Contact Investigation Form”. <i>Relationship to 2019-nCoV source case (select all that apply)</i>	Case_contact_yn	Number
	1, Yes	
	0, No	
Spouse/Partner	9, Unknown	Number
	1, Yes	
	1, Yes	
Child	Case_rel spouse	Number
Parent	Case_relate_child	Number
Other family	Case_relate_parent	Number
Friend	Case_relate_fam	Number
HCW	Case_rel friend	Number
Co-worker	Case_relat_hcw	Number
Classmate	Case_relat_cowork	Number
Roommate	Case_relat_class	Number
Contact only - no relationship	Case_relat_room	Number
Other	Case_relat_none	Number
If other, specify	Case_relat_oth	Number
Exposure setting to the 2019-nCoV source case (select all that apply):	Case_relat_spec	Character
	1, Yes	
	1, Yes	
Household	Case_expset_house	Number
Work	Case_expset_work	Number
Daycare	Case_expset_dc	Number
School/ University	Case_expset_sch	Number
Transit	Case_expset_tran	Number
Rideshare	Case_expset_rs	Number
Hotel	Case_expset_hotel	Number
Healthcare	Case_expset_hc	Number
Other	Case_expset_oth	Number
If other, specify	Case_expset_spec	Character
In the 14 days prior to illness onset, did you		

	Variable Name	Values, Labels	Type
...have any household members, friends, acquaintances, or co-workers who had symptoms like you? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_cont_hhsym_yn	1, Yes	Number
	Case_cont_hhsym_start_dt	0, No	Date (mm/dd/yyyy)
	Case_cont_hhsym_end_dt	9, Unknown	Date (mm/dd/yyyy)
	Case_cont_hhsym_approx_dt		Character
		1, Yes	
...have close contact (e.g. caring for, speaking with, or touching) with any ill persons? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_cont_ill_yn	0, No	Number
	Case_cont_ill_start_dt	9, Unknown	Date (mm/dd/yyyy)
	Case_cont_ill_end_dt		Date (mm/dd/yyyy)
	Case_cont_ill_approx_dt		Character
		1, Yes	
... Attend a mass gathering (e.g., religious event, wedding, party, dance, concer, banquet, festival, sports event, or other event)? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_cont_mass_yn	0, No	Number
	Case_cont_mass_start_dt	9, Unknown	Date (mm/dd/yyyy)
	Case_cont_mass_end_dt		Date (mm/dd/yyyy)
	Case_cont_mass_approx_dt		Character
		1, Yes	
...have a household member who attended school or daycare? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_cont_sch_yn	0, No	Number
	Case_cont_sch_start_dt	9, Unknown	Date (mm/dd/yyyy)
	Case_cont_sch_end_dt		Date (mm/dd/yyyy)
	Case_cont_sch_approx_dt		Character
		1, Yes	
... Have a close contact with an ill person who had contact with a lab-confirmed 2019-nCoV case-patient (i.e., secondary contact to confirmed case)? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_cont_lab_yn	0, No	Number
	Case_cont_lab_start_dt	9, Unknown	Date (mm/dd/yyyy)
	case_cont_lab_end_dt		Date (mm/dd/yyyy)
	case_cont_lab_approx_dt		Character
		1, Yes	
... Have close contact with a person who had a fever and/ or acute respiratory illness and recent travel in China? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_fever_china_yn	0, No	Number
	Case_fever_china_start_dt	9, Unknown	Date (mm/dd/yyyy)
	case_fever_china_end_dt		Date (mm/dd/yyyy)
	case_fever_approx_end_dt		Character
		1, Yes	
... Have close contact with a person who recently travelled in China? Date of exposure - start date Date of exposure - end date Date of exposure - approximate	Case_cont_china_yn	0, No	Number
	Case_cont_china_start_dt	9, Unknown	Date (mm/dd/yyyy)
	case_cont_china_end_dt		Date (mm/dd/yyyy)
	case_cont_china_approx_dt		Character
		1, Yes	
... Visit a live animal market? Date of exposure - start date Date of exposure - end date Date of exposure - approximate During 14 days prior to illness onset, did you have any direct contact with any type of animals including livestock, pets, or wildlife, whether at home or away from home? (list ALL animal exposures including livestock, pets, and wildlife? City/Country contact(s) occurred - 1 Type of animal contacted (one type of animal per row) - 1 Date(s) contact start - 1 Date(s) contact end - 1	Case_animalmkt_yn	0, No	Number
	Case_animalmkt_start_dt	9, Unknown	Date (mm/dd/yyyy)
	case_animalmkt_end_dt		Date (mm/dd/yyyy)
	case_animalmkt_approx_dt		Character
		1, Yes	
During 14 days prior to illness onset, did you have any direct contact with any type of animals including livestock, pets, and wildlife? City/Country contact(s) occurred - 1 Type of animal contacted (one type of animal per row) - 1 Date(s) contact start - 1 Date(s) contact end - 1	Case_animaldirect_yn	0, No	Number
	Case_animal_city1	9, Unknown	Character
	Case_animal_type1		Character
	Case_animal_start_dt1		Date (mm/dd/yyyy)
	Case_animal_end_dt1		Date (mm/dd/yyyy)
Date(s) contact - approximate - 1 Contact setting(s) (check all that apply) Contact setting - home -1 Contact setting - work - 1 Contact setting - farm - 1 Contact setting - animal market -1 Contact setting - zoo -1 Contact setting - other -1 Contact setting - specify if other -1 City/Country contact(s) occurred - 2 Type of animal contacted (one type of animal per row) - 2 Date(s) contact start - 2 Date(s) contact end - 2 Date(s) contact - approximate - 2	Case_animal_approx_dt1		Character
	Case_animal_setting_home1	1, Yes	Number
	Case_animal_setting_work1	1, Yes	Number
	Case_animal_setting_farm1	1, Yes	Number
	Case_animal_setting_mkt1	1, Yes	Number
Contact setting - zoo -1 Contact setting - other -1 Contact setting - specify if other -1 City/Country contact(s) occurred - 2 Type of animal contacted (one type of animal per row) - 2 Date(s) contact start - 2 Date(s) contact end - 2 Date(s) contact - approximate - 2	Case_animal_setting_zoo1	1, Yes	Number
	Case_animal_setting_other1	1, Yes	Number
	Case_animal_setting_spec1		Character
	Case_animal_city2		Character
	Case_animal_type2		Character
Contact setting(s) (check all that apply) Contact setting - home -2 Contact setting - work - 2 Contact setting - farm - 2 Contact setting - animal market -2 Contact setting - zoo -2 Contact setting - other -2 Contact setting - specify if other -2 City/Country contact(s) occurred - 3 Type of animal contacted (one type of animal per row) - 3 Date(s) contact start - 3 Date(s) contact end - 3 Date(s) contact - approximate - 3	Case_animal_start_dt2		Date (mm/dd/yyyy)
	Case_animal_end_dt2		Date (mm/dd/yyyy)
	Case_animal_approx_dt2		Character
	Case_animal_setting_home2	1, Yes	Number
	Case_animal_setting_work2	1, Yes	Number
Contact setting - farm - 2 Contact setting - animal market -2 Contact setting - zoo -2 Contact setting - other -2 Contact setting - specify if other -2 City/Country contact(s) occurred - 3 Type of animal contacted (one type of animal per row) - 3 Date(s) contact start - 3 Date(s) contact end - 3 Date(s) contact - approximate - 3	Case_animal_setting_farm2	1, Yes	Number
	Case_animal_setting_mkt2	1, Yes	Number
	Case_animal_setting_zoo2	1, Yes	Number
	Case_animal_setting_other2	1, Yes	Number
	Case_animal_setting_spec2		Character
Contact setting(s) (check all that apply) Contact setting - home -3 Contact setting - work - 3 Contact setting - farm - 3 Contact setting - animal market -3 Contact setting - zoo -3 Contact setting - other -3 Contact setting - specify if other -3 City/Country contact(s) occurred - 4 Type of animal contacted (one type of animal per row) - 4 Date(s) contact start - 4 Date(s) contact end - 4 Date(s) contact - approximate - 4	Case_animal_city3		Character
	Case_animal_type3		Character
	Case_animal_start_dt3		Date (mm/dd/yyyy)
	Case_animal_end_dt3		Date (mm/dd/yyyy)
	Case_animal_approx_dt3		Character
Date(s) contact - approximate - 3 Contact setting(s) (check all that apply) Contact setting - home -4 Contact setting - work - 4 Contact setting - farm - 4 Contact setting - animal market -4 Contact setting - zoo -4 Contact setting - other -4 Contact setting - specify if other -4 City/Country contact(s) occurred - 5 Type of animal contacted (one type of animal per row) - 5 Date(s) contact start - 5 Date(s) contact end - 5 Date(s) contact - approximate - 5	Case_animal_setting_home3	1, Yes	Number
	Case_animal_setting_work3	1, Yes	Number
	Case_animal_setting_farm3	1, Yes	Number
	Case_animal_setting_mkt3	1, Yes	Number
	Case_animal_setting_zoo3	1, Yes	Number
Contact setting - other -3 Contact setting - specify if other -3 City/Country contact(s) occurred - 4 Type of animal contacted (one type of animal per row) - 4 Date(s) contact start - 4 Date(s) contact end - 4 Date(s) contact - approximate - 4	Case_animal_setting_other3	1, Yes	Number
	Case_animal_setting_spec3		Character
	Case_animal_city4		Character
	Case_animal_type4		Character
	Case_animal_start_dt4		Date (mm/dd/yyyy)
Contact setting(s) (check all that apply) Contact setting - home -5 Contact setting - work - 5 Contact setting - farm - 5 Contact setting - animal market -5 Contact setting - zoo -5 Contact setting - other -5 Contact setting - specify if other -5	Case_animal_end_dt4		Date (mm/dd/yyyy)
	Case_animal_approx_dt4		Character
	Case_animal_setting_home4	1, Yes	Number
	Case_animal_setting_work4	1, Yes	Number
	Case_animal_setting_farm4	1, Yes	Number
In the 14 DAYS prior to illness onset, did you....	Case_animal_setting_mkt4	1, Yes	Number
	Case_animal_setting_zoo4	1, Yes	Number
	Case_animal_setting_other4	1, Yes	Number
	Case_animal_setting_spec4		Character
	Case_animal_city5		Character
Work in healthcare setting - yes or no	Case_animal_type5		Character
	Case_animal_start_dt5		Date (mm/dd/yyyy)
	Case_animal_end_dt5		Date (mm/dd/yyyy)
	Case_animal_approx_dt5		Character
	Case_animal_setting_home5	1, Yes	Number
	Case_animal_setting_work5	1, Yes	Number
	Case_animal_setting_farm5	1, Yes	Number
	Case_animal_setting_mkt5	1, Yes	Number
	Case_animal_setting_zoo5	1, Yes	Number
	Case_animal_setting_other5	1, Yes	Number
	Case_animal_setting_spec5		Character
		1, Yes	
		0, No	
		9, Unknown	
			Number

If yes, what was your role?

Work in healthcare setting-role, specify if other

Facility type(s) (check all that apply)

Work in healthcare setting - Hospital

Work in healthcare setting - Urgent Care

Work in healthcare setting - Doctor's Office/Clinic

Work in healthcare setting - Other

Work in healthcare setting, specify if other

Work in healthcare setting-Date(s) exposure start

Work in healthcare setting-Date(s) exposure end

Work in healthcare setting-Date(s) exposure approximate

Contact with a known 2019-nCoV case-patient in a healthcare setting - yes or no

Facility type(s) (check all that apply)

Contact with a known 2019-nCoV case-patient in a healthcare setting - Hospital

Contact with a known 2019-nCoV case-patient in a healthcare setting - Urgent Care

Contact with a known 2019-nCoV case-patient in a healthcare setting - Doctor's Office/Clinic

Contact with a known 2019-nCoV case-patient in a healthcare setting - Other

Contact with a known 2019-nCoV case-patient in a healthcare setting, specify if other

Contact with a known 2019-nCoV case-patient in a healthcare setting-Date(s) exposure start

Contact with a known 2019-nCoV case-patient in a healthcare setting-Date(s) exposure end

Contact with a known 2019-nCoV case-patient in a healthcare setting-Date(s) exposure approximate

Volunteer in healthcare setting - yes or no

Facility type(s) (check all that apply)

Volunteer in healthcare setting - Hospital

Volunteer in healthcare setting - Urgent Care

Volunteer in healthcare setting - Doctor's Office/Clinic

Volunteer in healthcare setting - Other

Volunteer in healthcare setting-Facility type, specify if other

Volunteer in healthcare setting-Date(s) exposure start

Volunteer in healthcare setting-Date(s) exposure end

Volunteer in healthcare setting-Date(s) exposure approximate

Visit healthcare setting as a patient - yes or no

Facility type(s) (check all that apply)

Visit healthcare setting as a patient - Hospital

Visit healthcare setting as a patient - Urgent Care

Visit healthcare setting as a patient - Doctor's Office/Clinic

Visit healthcare setting as a patient - Other

Visit healthcare setting as a patient-Facility type, specify if other

Visit healthcare setting as a patient-Date(s) exposure start

Visit healthcare setting as a patient-Date(s) exposure end

Visit healthcare setting as a patient-Date(s) exposure approximate

Visit healthcare setting for any other reason than as a patient - yes or no

Facility type(s) (check all that apply)

Visit healthcare setting for any other reason than as a patient - Hospital

Visit healthcare setting for any other reason than as a patient - Urgent Care

Visit healthcare setting for any other reason than as a patient - Doctor's Office/Clinic

Visit healthcare setting for any other reason than as a patient - Other

Visit healthcare setting for any other reason than as a patient-Facility type, specify if other

Visit healthcare setting for any other reason than as a patient-Date(s) exposure start

Visit healthcare setting for any other reason than as a patient-Date(s) exposure end

Visit healthcare setting for any other reason than as a patient-Date(s) exposure approximate

Have direct patient contact with other patients - yes or no

Facility type(s) (check all that apply)

Have direct patient contact with other patients - Hospital

Have direct patient contact with other patients - Urgent Care

Have direct patient contact with other patients - Doctor's Office/Clinic

Have direct patient contact with other patients - Other

Have direct patient contact with other patients-Facility type, specify if other

Have direct patient contact with other patients-Date(s) exposure start

Have direct patient contact with other patients-Date(s) exposure end

Have direct patient contact with other patients-Date(s) exposure approximate

Outpatient chart abstraction

Did this patient seek medical care in an outpatient setting?

If yes, did the patient receive the following medications or were they prescribed?

Antivirals?

If yes, specify antivirals

Antibiotics?

If yes, specify antibiotics

Bronchodilators?

If yes, specify bronchodilators

IV/ IM steroids?

If yes, specify IV/ IM steroids

Inhaled steroids?

If yes, specify inhaled steroids

Hospital chart abstraction

If hospitalized more than once, please enter the second hospitalization's admission and discharge dates:

Admission date 2

Discharge date 2

First Record Temperature (F)

Blood pressure - systolic

Blood pressure - diastolic

Heart rate

Respiratory rate

Did the patient receive supplemental oxygen during hospitalization?

Was the patient admitted to an intensive care unit (ICU)?

ICU admission date 1

ICU discharge date 1

Variable Name	Values, Labels	Type
	1, Physician	
	2, Nurse	
	3, Administration staff	
	4, Housekeeping	
	5, Patient transport	
	8, Other	
Case_hc_work_role		Number
Case_hc_work_role_spec		Character
Case_hc_work_facility_hosp	1, Yes	Number
Case_hc_work_facility_urg	1, Yes	Number
Case_hc_work_facility_dr	1, Yes	Number
Case_hc_work_facility_oth	1, Yes	Number
Case_hc_work_facility_spec		Character
Case_hc_work_start_dt		Date (mm/dd/yyyy)
Case_hc_work_end_dt		Date (mm/dd/yyyy)
Case_hc_work_approx_dt		Character
	1, Yes	
	0, No	
case_hc_contact_yn	9, Unknown	Number
Case_hc_contact_facility_hosp	1, Yes	Number
Case_hc_contact_facility_urg	1, Yes	Number
Case_hc_contact_facility_dr	1, Yes	Number
Case_hc_contact_facility_oth	1, Yes	Number
Case_hc_contact_facility_spec		Character
Case_hc_contact_start_dt		Date (mm/dd/yyyy)
Case_hc_contact_end_dt		Date (mm/dd/yyyy)
Case_hc_contact_approx_dt		Character
	1, Yes	
	0, No	
Case_hc_volunteer_yn	9, Unknown	Number
Case_hc_volunteer_facility_hosp	1, Yes	Number
Case_hc_volunteer_facility_urg	1, Yes	Number
Case_hc_volunteer_facility_dr	1, Yes	Number
Case_hc_volunteer_facility_oth	1, Yes	Number
Case_hc_volunteer_facility_spec		Character
Case_hc_volunteer_start_dt		Date (mm/dd/yyyy)
Case_hc_volunteer_end_dt		Date (mm/dd/yyyy)
Case_hc_volunteer_approx_dt		Character
	1, Yes	
	0, No	
Case_hc_visit_pt_yn	9, Unknown	Number
Case_hc_visit_pt_facility_hosp	1, Yes	Number
Case_hc_visit_pt_facility_urg	1, Yes	Number
Case_hc_visit_pt_facility_dr	1, Yes	Number
Case_hc_visit_pt_facility_oth	1, Yes	Number
Case_hc_visit_pt_facility_spec		Character
Case_hc_visit_pt_start_dt		Date (mm/dd/yyyy)
Case_hc_visit_pt_end_dt		Date (mm/dd/yyyy)
Case_hc_visit_pt_approx_dt		Character
	1, Yes	
	0, No	
Case_hc_visit_oth_yn	9, Unknown	Number
Case_hc_visit_oth_facility_hosp	1, Yes	Number
Case_hc_visit_oth_facility_urg	1, Yes	Number
Case_hc_visit_oth_facility_dr	1, Yes	Number
Case_hc_visit_oth_facility_oth	1, Yes	Number
Case_hc_visit_oth_facility_spec		Character
Case_hc_visit_oth_start_dt		Date (mm/dd/yyyy)
Case_hc_visit_oth_end_dt		Date (mm/dd/yyyy)
Case_hc_visit_oth_approx_dt		Character
	1, Yes	
	0, No	
Case_hc_oth_pt_yn	9, Unknown	Number
Case_hc_oth_pt_facility_hosp	1, Yes	Number
Case_hc_oth_pt_facility_urg	1, Yes	Number
Case_hc_oth_pt_facility_dr	1, Yes	Number
Case_hc_oth_pt_facility_oth	1, Yes	Number
Case_hc_oth_pt_facility_spec		Character
Case_hc_oth_pt_start_dt		Date (mm/dd/yyyy)
Case_hc_oth_pt_end_dt		Date (mm/dd/yyyy)
Case_hc_oth_pt_approx_dt		Character
	1, Yes	
	0, No	
Case_out_yn	9, Unknown	Number
	1, Yes	
	0, No	
Case_out_antivr1_yn	9, Unknown	Number
Case_out_antivr1_spec		Character
	1, Yes	
	0, No	
Case_out_antibio_yn	9, Unknown	Number
Case_out_antibio_spec		Character
	1, Yes	
	0, No	
Case_out_broncho_yn	9, Unknown	Number
Case_out_broncho_spec		Character
	1, Yes	
	0, No	
Case_out_ivster_yn	9, Unknown	Number
Case_out_ivster_spec		Character
	1, Yes	
	0, No	
Case_out_inhale_yn	9, Unknown	Number
Case_out_inhale_spec		Character
	1, Yes	
	0, No	
Case_adm2_dt		Date (mm/dd/yyyy)
Case_dis2_dt		Date (mm/dd/yyyy)
Case_vital_temp		Number
Case_vital_sbp		Number
Case_vital_dbp		Number
Case_vital_hr		Number
Case_vital_rr		Number
	1, Yes	
	0, No	
Case_suppO2_yn	9, Unknown	Number
	1, Yes	
	0, No	
Case_icu_QC_yn	9, Unknown	Number
Case_icuadm1_dt		Date (mm/dd/yyyy)
Case_icudis1_dt		Date (mm/dd/yyyy)

CRF Question

ICU admission date 2
ICU discharge date 2

Was the patient placed on non-invasive ventilation (BiPAP/ CPAP)?

Did the patient receive mechanical ventilation (MV)/intubation?
Start date of mechanical ventilation
Total days with mechanical ventilation
Date last extubated

Did the patient have ECMO?
Start date of ECMO
Length of ECMO

Did the patient have a new abnormality on chest x-ray or CT scan?

Did the patient receive a discharge diagnosis of pneumonia (refer to clinical discharge summary)?

If yes, was the determination ...

Did the patient receive a discharge diagnosis of acute respiratory distress syndrome (ARDS)?
Clinical Discharge Diagnoses and ICD10 Discharge Codes
ICD-10-CM Code
Did the patient receive the following medications during hospitalization for this illness?

Antivirals?
If yes, specify antivirals

Antibiotics?
If yes, specify antibiotics

Bronchodilators?
If yes, specify bronchodilators

IV/ IM steroids?
If yes, specify IV/ IM steroids

Inhaled steroids?
If yes, specify inhaled steroids

Did the patient die as a result of this illness?
Date of death

Contribution of 2019-novel coronavirus to death

Was autopsy performed?
Primary cause of death (death certificate/ coroner)

To where was the patient discharged?

Specified other place of discharge

Laboratory testing

For the following section, please complete for any specimen tested for a respiratory pathogen

1 - Specimen collection date

1 - Specimen type
Specified specimen type

1 - Test type
Specified test type
1 - Pathogen

1 - Result
1 - Sent to CDC?
1 - If sent to CDC, Specimen ID number
Any additional comments or notes?

Variable Name

Case_icuadm2_dt
Case_icudis2_dt

Case_bipap_yn

Case_mechvent_QC_yn
Case_mechvent_start_dt
Case_mechvent_QC_dur
Case_mechvent_end_dt

Case_ecmo_yn
Case_ecmo_start_dt
Case_ecmo_dur

Case_chestab_yn

Case_dispneum_yn

Case_dispneum_determ

Case_disards_yn
Case_disdiag
Case_disdiag_icd

Case_hosp_antivrl_yn
Case_hosp_antivrl_spec

Case_hosp_antibio_yn
Case_hosp_antibio_spec

Case_hosp_broncho_yn
Case_hosp_broncho_spec

Case_hosp_ivster_yn
Case_hosp_ivster_spec

Case_hosp_inhale_yn
Case_hosp_inhale_spec

Case_death_QC_yn
Case_death_QC_dt

Case_death_ncov

Case_death_autopsy
Case_death_cause

Case_discharge_place

Case_discharge_spec

Case_lab_spec_dt

Case_lab_spec_type
Case_lab_spec_type_spec

Case_lab_spec_test
Case_lab_spec_test_spec
Case_lab_spec_path

Case_lab_spec_res
Case_lab_spec_cdc
Case_lab_spec_cdcid
Case_lab_notes

Values, Labels

1, Yes
0, No
9, Unknown
1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Clinical
2, Radiographic
1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

1, Yes
0, No
9, Unknown

0, No contribution to death
1, Underlying/ primary
2, Contributing/ secondary
9, Unknown
1, Yes
0, No
9, Unknown

1, Home
2, Nursing facility/ rehab
3, Hospice
8, Other
9, Unknown

2, Nasopharyngeal aspirate
3, Nasal aspirate
4, Nasal swab
5, Sputum
6, Oropharyngeal swab
7, Endotracheal aspirate
8, Chest tube fluid
9, Broncheoalveolar lavage specimen
10, Serum
11, Stool
12, Urine
88, Other
99, Unknown

1, reverse transcriptase-Polymerase
Chain Reaction
2, Viral/ Bacterial culture
3, Rapid antigen test
4, Fluorescent antibody test
8, Other
9, Unknown

0, Negative
1, Positive
2, Pending
3, Indeterminate
1, Yes

Type

Date (mm/dd/yyyy)
Date (mm/dd/yyyy)

Number

Number
Date (mm/dd/yyyy)
Number
Date (mm/dd/yyyy)

Number
Date (mm/dd/yyyy)
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